-or-

Election Year:

O The period covered is .. the date of leaving office.

☐ Candidate

### STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

### **COVER PAGE**

A.R.B.
PERSONNEL MANAGEMENT BRANCH

A Public Document

Please type or print in ink.	2009 APR - 1 PM 2: 30	
NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER	
Tuck Cynthia	K (916)324-3708	
MAILING ADDRESS STREET CITY (May use business address)	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	
way use business address/		
1. Office, Agency, or Court	4. Schedule Summary	
Name of Office, Agency, or Court:	► Total number of pages 5	
California Environmental Protection Agency	including this cover page:5	
Division, Board, District, if applicable:	► Check applicable schedules or "No reportable interests."	
Your Position:	I have disclosed interests on one or more of the attached schedules:	
Undersecretary  ► If filing for multiple positions, list additional agency(ies)/	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
position(s): (Attach a separate sheet if necessary.)  Agency: See Attachment 1	Schedule A-2 Yes — schedule attached Investments (10% or greater Ownership)	
Position: See Attachment 1	Schedule B	
2. Jurisdiction of Office (Check at least one box)	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
☐ County of	Schedule D 🗵 Yes – schedule attached  Income – Gifts	
Gity of	Schedule E 🗵 Yes – schedule attached	
Multi-County	Income – Gifts – Travel Payments	
Other	-or-	
2 Type of Statement (c)	No reportable interests on any schedule	
3. Type of Statement (Check at least one box)		
Assuming Office/Initial Date:/	5. Verification	
Annual: The period covered is January 1, 2008, through December 31, 2008.  O The period covered is/, through December 31, 2008.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.	
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is January 1, 2008, through the	Data Signed April 1, 2009	

Signature

(month, day, year)

(File the ofiginally signed statement with your filing official.)

### Attachment 1

### Attachment to Cynthia Kay Tuck's Form 700 for 2008 Specification of Additional Positions

ሳል ሳ**ፖ**ሲሮ

1. Agency: California Bay-Delta Authority

650 Capitol Mall, 5<sup>th</sup> Floor Sacramento, CA 95814

Attn: Lynn Darby

Position: Delegate for a Board Member

2. Agency: California Ocean Protection Council

Coastal Conservancy 1330 Broadway # 1300 Oakland, CA 94612 Attn: Neal Fishman

Position: Voting Alternate for a Council Member

3. Agency: California Partnership for the San Joaquin Valley, Board of

Directors

California Business, Transportation, and Housing Agency

980 9<sup>th</sup> Street, Suite 2450 Sacramento, CA 95814 Kathryn Taylor-Delettre

Position: Voting Alternate for a Board Member

# SCHEDULE D Income - Gifts

Name

· Cynthia K. Tuck

► NAME OF SOURCE	► NAME OF SOURCE
California State University - Fresno	European Energy Forum
ADDRESS	ADDRESS
5010 N. Woodrow Ave., Fresno, CA 93740	Ave. Ariane 7, 1200 Bruxelles, Belgium
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NA	Nonprofit Association w/some Business Members
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
6 , 13 , 08 s 8.95 Lunch (1)	5 / 13 / 08 <sub>\$</sub> 75.75 Dinner at Meeting
9 , 12 , 08  \$ 29.11 Dinner (1)	\$
9 , 13 , 08 <sub>\$</sub> 12.63 Lunch (1)	\$
► NAME OF SOURCE	NAME OF SOURCE
E & J Gallo Winery	California State Protocol Foundation
ADDRESS	ADDRESS
PO Box 1130, Modesto, CA 95353	1215 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery	NA
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 , 16 , 08	8 , 13 , 08 <sub>\$</sub> 36.49 Gift Bag (3)
\$	8 , 13 , 08
	8 , 14 , 08 <sub>\$</sub> 42.12 Reception (3)
► NAME OF SOURCE	► NAME OF SOURCE
California State Protocol Foundation	California State Protocol Foundation
ADDRESS	ADDRESS
1215 K Street, Sacramento, CA 95814	1215 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NA	NA
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 , 18 , 08 <sub>\$</sub> 32.88 Lunch (4)	11 , 19 , 08
11 , 18 , 08 s 120.52 Reception (5)	\$
11 , 18 , 08 <sub>\$</sub> 73.81 Reception (6)	\$
Soc Attachment 2	
Comments: See Attachment 2	

#### Attachment 2

## Attachment to Cynthia Kay Tuck's Form 700 for 2008 Comments to Schedule D

- (1) Meals at CA Partnership for the San Joaquin Valley meetings.
- (2) Dinner honored new leader at American Farmland Trust. Reimbursed on March 17, 2009.
- (3) Items associated with Border Governors Conference.
- (4) Lunch at Governors' Global Climate Summit.
- (5) Reception at Governors' Global Climate Summit following signing of MOU on Environmental Cooperation regarding Forest-Sector Emission Reductions.
- (6) Reception with Governors and International Officials at the Governors' Global Climate Summit.

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	Cynthia K. Tuck

- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
Scientific Foundation of Lyon	
ADDRESS	ADDRESS
210 Avenue Jean Jaurés	
CITY AND STATE	CITY AND STATE
Lyon, France 69007	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NA (Nonprofit Science Education Foundation)	
DATE(S): 10 / 20 / 08 - 10 / 28 / 08 AMT: \$ 2,814.93	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: Airfare, lodging and transportation in	DESCRIPTION:
connection with a speech. *	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):// AMT: \$
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DECORPORA
DESCRIPTION.	DESCRIPTION:
Comments: * Travel to Marseilles, France where I gave a	presentation regarding California's climate change program